MATINDA IN TOR	HARNETT COUNTY HEAL	TH DEPARTMENT	10057
M= Oan Karly Oc	IMPROVEMEN		№ 18357 N-5-2867
Be it ordained by the Har	nett County Board of Health as follow	Us: Section III Itam D "No T	)
from the Harnett County Hea	i sepule lank system is to be used for dis lith Department."	sposal of sewage without first	t obtaining a written permit
Name: (owner) Jeks	Aldine Bradford	_ 🔀 New Installation	Septic Tank tion
Property Location: SR#	2030 MELean Chapel	ch 🔲 Repairs	Nitrification Line
Subdivision Lones	ome Dage		1 ml
		Lo	35 · · · · · · · · · · · · · · · · · · ·
Number of Redrooms Prov	posed: 4(28x85)	—— Quadrant #——	
Basement with Plumbing:			
Water Supply:  Well		<b>_1</b>	
Distance From Well:5		,	
	pecifications for sewage disposal sy	vstem on ahove cantioned	nyonowie Cablanti
ar approvar.			property. Subject to
Type of system: Conversion Size of tank: Sention	entional Other	<del>-</del>	
Subsurface No. o	Tank: 1000 gallons	Pump Tank: ga	llons
Drainage Field ditche	es exact length 300	ft ditches 3 ft di	epth of /3 ay \
French Drain Required:	_ I inear feet	<b>A</b>	itches 100 in.
	Date: (	6-26-01	
This permit is subject to r plans or intended use char	evocation if site Signed:		
pamis or intended use char	ige.	Environmental Hea	Ith Specialist
Proc Harres	Rd 160' 1		4
1. ME PIAVER			4
	70'	J70	,
	28×10	10	ļ ·
\ M	yes		0.75
Manar			7361
C   Popular			he
123 - 45'		90'	ECEIVEDE to
	Λ		
Det ortch	15	115	JUN 2 6 2001
	170		
	172		0 1
STUB OUT	Plumbing Shallow	18-24" Ditch	lypth
	set Backs No not 1		
			• - 2
Septic SYSTEM	£.		7

## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit #
-11 by invalid if a manching site along an intended use shores
Owner or Authorized Agent Geraldine Brad Matikia M Dongold  Name:  Telephone # 877-6832
Name: Telephone # 877-6832
Address:
Property Location: SR# 200 Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Lot# Lot#
Number of Bedrooms Proposed: 4(28×88) Lot size: 3AC
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1900 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.
Authorized Agent for Harnett County Health Department  Name: Date:
(Revised 2/96)cnstrct.wpd